

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	49	9/27/01
FORMALITY REVIEW		1020	10/16/01

INDEX OF CLAIMS

✓ Rejected	N Non-elected
= Allowed	I Interference
-	(Through numeral) Canceled	A Appeal
÷ Restricted	O Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
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45	✓	✓	
46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51		X	
52		X	
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Claim		Date
Final	Original	
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BEST AVAILABLE COPY

**If more than 150 claims or 10 actions
staple additional sheet here**

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